

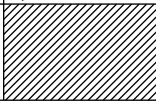
Form **W-4**  
Department of the Treasury  
Internal Revenue Service

# Employee's Withholding Allowance Certificate

OMB No. 1545-0010

# 2003

► For Privacy Act and Paperwork Reduction Act Notice, see page 2.

1 Type or print your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code				4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ► <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)					5
6 Additional amount, if any, you want withheld from each paycheck . . . . .					6 \$
7 I claim exemption from withholding for 2003, and I certify that I meet <b>both</b> of the following conditions for exemption: <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> Federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> Federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ►					

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

**Employee's signature**

(Form is not valid  
unless you sign it.) ►

Date ►

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number
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